STD .262 (REV. 10/92) Statem						ent on Reverse Side ISSAN OR EMPLOYEE NUMBER IDEPARTME					Page	1	of	1
inda U						JOAN ON ER	W EG IEE NON			Governo		Office		
POSITION CB/ID NUMBER						DIVISION OR BUREAU					INDEX NUMBER			
Director LESIDENCE ADDRESS						HEADQUARTERS ADDRESS					TELEPHONE NUMBER			
						444 N. Capitol Street, NW Suite 134								
			CITY STATE					ZIP						
						<u> </u>				DC			20001	
MONTH	i/YEAR	LOCATION	MEALS		T	1 1		TR	CARFARE,			BUSINESS	TOTAL	
Apr-09		WHERE EXPENSES	LODGING				INCIDENTALS	COST OF		TOLLS,	PRIVATE CAR USE		EXPENSE	EXPENS
DATE	TIME	WERE INCURRED		BREAKFAST	AST LUNCH	DINNER	<b>  </b>	TRANS.	TYPE USED	PARKING	MILES	AMOUNT		FOR DA
l 6-Apr	10:30am	Sunnyvale-Sac	134.93							25.00	125	55.63		215
7-Apr	2:30pm	Sac-Sunnyvale									125	55.63		55
	•								21			0.00		
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												0.00		<u> </u>
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								<del>(2000)</del>				0.00		0
												0.00		0
SUBTOTALS 134.93 OLUMN CODE (ACCTG. USE ONLY)			0.00	0,00	0.00	0,00	0.00	0.00	25.00	250	111.25	0,00	1:0008257	
LUIVIN			PACE CO.					10 Said 18	A CHARLES		METHERAL.		HARACTE.	ne (m)
CLAIM TOTAL  URPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)											\$271.18 NORMAL WORK HOURS			
		nento for meetings									NORMAL V	VUKK HUL	JKS	
											PRIVATE V	EHICLE LI	CENSE N	JMBER
										-				
											MILEAGE RATE CLAIMED  0.445			
												Y ACCOL	JNTING (	OFFICE
EREBY C	ERTIFY, Th	at the above is a true state	ement of the t	ravel expense	s incurred b	y me in acco	rdance with D	PA rules in t	ne service of	the State of		USE	ONLY	
fornia. If	a privately	owned vehicle was used a	nd if mileage	exceeds the r	ninimum rat	e, I certify the	cost of the o	perating the	vehicle was e	qual to or	PAID BY	REVOLVING F	UND CHECK I	NUMBER
							50, 0751,0752		754		-			$\sim$

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES